

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1		1		
3		2		2		
4		2		2		
5		1		1		
6		1		1		
7		1		1		
8		1	Cancel			
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TOTAL IND.	1		1		1	
TOTAL DEP.		10		10		10
TOTAL CLAIMS	1	10	1	10	1	10

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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